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| <b>KENTUCKY<br/>CORRECTIONS</b><br>Policies and Procedures     | Policy Number  | Total Pages    |
|  | 18.12  | 1              |
|  | Date Filed   | Effective Date |
|  | February 15, 2006  | June 2, 2006   |
| References/Authority<br>KRS 504.060, 504.120, 504.130, 504.150 | Subject<br><b>REFERRAL PROCEDURE FOR INMATES<br/>ADJUDICATED GUILTY BUT MENTALLY ILL</b> |                |

## I. DEFINITIONS

"Mental illness" is defined by KRS 504.060(6).

## II. POLICY and PROCEDURES

### A. Routine Referral

1. Any inmate adjudicated guilty but mentally ill shall be admitted to the Assessment and Classification Centers of the Roederer Correctional Complex (RCC) or the Kentucky Correctional Institution for Women (KCIW) unless sentenced to death. Any inmate sentenced to death shall be admitted to the Special Security Unit at either the Kentucky State Penitentiary or KCIW.
2. Within seventy-two (72) hours after admission, excluding weekends and holidays, a written referral for evaluation shall be completed by the Classification and Treatment Officer and submitted to the staff psychologist for the Division of Mental Health. Observation of behavior and other relevant historical and medical information shall be submitted in this request.
3. A member of the Division of Mental Health shall complete the initial evaluation of the inmate within seven (7) working days of the referral.

### B. Emergency Referral

An emergency transfer to CPTU may be deemed appropriate in any case if an inmate presents an imminent danger to himself or another as a direct result of a mental disease or defect. See CPP 18.11 - Emergency Transfers for accepted transfer procedure.

- C. Offender Information Services shall maintain a log of every inmate who enters the system under a guilty but mentally ill commitment.

# Corrections Psychiatric Treatment Unit Discharge Summary

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Diagnosis**  
Axis I: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Psychiatric Medications**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Axis II: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Axis III: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discharge Planning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Psychiatrist**                      **Date**  
**Date**

\_\_\_\_\_  
**Psychologist**

\_\_\_\_\_  
\_\_\_\_\_  
**Nurse**                              **Date**  
**Date**

\_\_\_\_\_  
**ORS**

# REQUEST FOR VOLUNTARY PLACEMENT IN THE CORRECTIONAL PSYCHIATRIC TREATMENT UNIT PROGRAM

I, \_\_\_\_\_, # \_\_\_\_\_, living at the Kentucky State Reformatory in Oldham County, Kentucky, voluntarily request placement in the Division of Mental Health's Correctional Psychiatric Treatment Unit Program for care and treatment individualized for my needs.

I agree to participate in my individualized treatment plan. Activities may include, but are not limited to, testing and evaluation, group and individual therapy, structured program activities, medication therapy and participation in the behavior program. I agree to follow my psychiatrist's instructions, to cooperate with the Treatment Team, and to follow program rules. I agree to cooperate with the officers and to be respectful to staff and other inmates.

I agree to remain in the Division of Mental Health's Treatment Unit Program voluntarily until I am discharged by the program staff, or until I make a written request to the program staff. Upon receipt of my written request for discharge, the Treatment Team shall arrange an appropriate placement for me within thirty days.

**CONSENT FOR TREATMENT:** I give authority to the Division of Mental Health and its staff to perform those services deemed necessary for me which are generally provided to program participants and which are described in the Kentucky State Reformatory Policies and Procedures.

\_\_\_\_\_  
**Inmate Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

I hereby witness the above signature, and I certify that the above named patient has given informed consent to voluntary admission to the Division of Mental Health and that he/she is capable of giving such consent in that he/she understands that he/she is entering a Mental Health Unit, understands that he/she will be offered treatment which he/she may agree to or refuse, and has the right to request discharge from the Division of Mental Health.

\_\_\_\_\_  
**Psychologist Signature**

\_\_\_\_\_  
**Date**

Distribution: CPTU Program File (Original)  
Institutional File

Inmate  
Central Office File